

Traumatic Brain Injury

Assessment Documentation

School System _____
 Student _____

School _____
 Date of Birth ____/____/____

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> ▪ there is evidence that the TBI is from an acquired open or closed injury to brain caused by an external physical force 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ there is documentation the TBI resulted in total or partial functional disability or psychosocial impairment that adversely affects student's educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ there is documentation the TBI is not due to brain injuries that were congenital or degenerative, or to brain injuries induced by birth trauma 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Student's TBI includes the following 		
<ul style="list-style-type: none"> ○ an insult to the brain caused by an external force that produced a diminished or altered state of consciousness 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ the insult to the brain induced a partial or total functional disability and results in one or more of the following 		
<ul style="list-style-type: none"> √ physical impairments 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> √ cognitive impairments 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> √ psycho-social impairments 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> ▪ appropriate medical statement obtained from a licensed physician 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ name of physician _____ ○ name(s) of other caretakers _____ ○ medical rehabilitation or hospital _____ ○ date of trauma _____ date(s) of medical report(s) _____ 		
<ul style="list-style-type: none"> ▪ parent/caregiver interview 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ educational history and current levels of educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ functional assessment of cognitive/communicative abilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ social adaptive behaviors which relate to TBI 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ physical adaptive behaviors which relate to TBI 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ documentation (observation and/or assessment) of how Traumatic Brain Injury adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date